

Commonwealth of Massachusetts
BEFORE THE DIVISION OF LABOR RELATIONS
PETITION TO INITIATE GRIEVANCE ARBITRATION

PLEASE TYPE OR PRINT

1. Labor Organization: _____ FEIN Number: _____

Address: _____ Phone: _____

Zip Code: _____

Labor Relations Representative: _____ Title: _____

Address: _____ Phone: _____

Zip Code: _____

2. Employer: _____ FEIN Number: _____

Address: _____ Phone: _____

Zip Code: _____

Labor Relations Representative: _____ Title: _____

Address: _____ Phone: _____

Zip Code: _____

NATURE OF EMPLOYER'S BUSINESS: _____

NAME OF GRIEVANT: _____

3. A.) Brief Statement of the nature of the dispute: _____

B.) Brief Statement of the remedy sought: _____

If Joint Petition:

Instructions:

- (1) **Submit the original and one copy of this petition and a copy of the Collective Bargaining Agreement to:**

Signature & Title of Labor Organization's Representative

**Division of Labor Relations
Charles F. Hurley Building
19 Staniford Street, 4th Floor
Boston, MA 02114
Telephone: (617) 626-6921
Fax Number: (617) 626-6933**

Signature & Title of Employer's Representative

Effective 8/1/02

If Petition Brought by **One Party:**

"I hereby certify that I have caused a copy of this petition to be served on the Representative of the other party."

- (2) Include fee of \$1,200.00 for private sector and \$600.00 for public sector. Fee shall be paid in equal shares by the parties -M.G.L. Ch 150, Sec. 6.

- (3) Indicate whether this grievance has ever been mediated by the Board prior to the filing of this petition: Yes_____ No_____

Signature & Title of Petitioning Party's Representative

DO NOT WRITE IN THIS SPACE

Date Signed

Case No. _____

Date Filed _____